



The Commonwealth of Massachusetts  
**Division of Professional Licensure**

239 Causeway Street Boston, MA 02114

[www.mass.gov/dpl/boards/hi/index.htm](http://www.mass.gov/dpl/boards/hi/index.htm)

**Board of Registration of Home Inspectors**  
**(617)727-4459**

Attach un-mounted  
recognizable recent  
photograph in this space with  
face not less than 3/4 inches  
wide.

(Photograph taken more than  
six months prior to filing  
application is not accepted.)

(Do not use staples when  
attaching photograph.) Paste  
or cellophane tape may be  
used.

**Application For Home Inspector's License  
by Endorsement**  
**Application shall be printed in Ink and  
Filled out by the Applicant**

**Board Use Only**

Date  
Received \_\_\_\_\_

Date  
Accepted \_\_\_\_\_

Certificate  
No. \_\_\_\_\_

Date of  
Issue \_\_\_\_\_

Attach a **certified check** or **money order** payable to the **Commonwealth of MA.**  
**DO NOT SEND CASH**

Print name \_\_\_\_\_  
(Name) (Middle Initial) (Last Name)

Home Address \_\_\_\_\_  
(No. Street) (City/Town) (State) (Zip code)

Mail Address \_\_\_\_\_  
(No. Street) (City/Town) (State) (Zip code)

Tel No \_\_\_\_\_ Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No \_\_\_\_\_

**Pursuant to M.G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.**

Present Employer \_\_\_\_\_ Address \_\_\_\_\_

Your Duties as Employee \_\_\_\_\_

Date Employment Started \_\_\_\_\_

Former Employer \_\_\_\_\_ Address \_\_\_\_\_

Your Duties as Employee \_\_\_\_\_

Dates of Employment (From) \_\_\_\_\_ (to) \_\_\_\_\_

Former Employer \_\_\_\_\_ Address \_\_\_\_\_

Your Duties as Employee \_\_\_\_\_

Dates of Employment (From) \_\_\_\_\_ (to) \_\_\_\_\_

Have you taken the Home Inspectors examination?

Date of Exam \_\_\_\_\_ Pass ☐ Fail ☐

If passed exam, date and type of license issued \_\_\_\_\_

05/12/06

# Home Inspections List

PLEASE LIST 125 HOME INSPECTIONS PERSONALLY PERFORMED BY YOU

Date	Address	Client	Date	Address	Client
1.			2.		
3.			4.		
5.			6.		
7.			8.		
9.			10.		
11.			12.		
13.			14.		
15.			16.		
17.			18.		
19.			20.		
21.			22.		
23.			24.		
25.			26.		
27.			28.		
29.			30.		
31.			32.		
33.			34.		
35.			36.		
37.			38.		
39.			40.		
41.			42.		
43.			44.		
45.			46.		
47.			48.		
49.			50.		
51.			52.		
53.			54.		
55.			56.		
57.			58.		
59.			60.		
61.			62.		
63.			64.		

65.			66.		
67.			68.		
69.			70.		
71.			72.		
73.			74.		
75.			76.		
77.			78.		
79.			80.		
81.			82.		
83.			84.		
85.			86.		
87.			88.		
89.			90.		
91.			92.		
93.			94.		
95.			96.		
97.			98.		
99.			100.		
101.			102.		
103.			104.		
105.			106.		
107.			108.		
109.			110.		
111.			112.		
113.			114.		
115.			116.		
117.			118.		
119.			120.		
121.			122.		
123.			124.		
125.					